

MAY 15 1940

791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES HERMAN WEINBERG

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mathilda  
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept. 20 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 6 14 hr. \_\_\_\_\_ min.

9. Birthplace Duquoin Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Ex. Bottling Co. (retired)

11. Industry or business \_\_\_\_\_

12. Name John Weinberg

13. Birthplace Frostburg Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Knauer

15. Birthplace Honeywell New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mathilda Weinberg  
(b) Address Duquoin, Ill.

17. (a) Removal (b) Date thereof 4-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Duquoin, Ill.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. (a) APR 5 1940 (b) [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town Du Quoin NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. 233 EAST NORTH STREET  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4  
year 1940 hour 9 minute 15 AM.

21. I hereby certify that I attended the deceased from MARCH 11, 1940, to APRIL 4, 1940;  
that I last saw him alive on APRIL 4, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LUNG, RT. - BRONCHIOGENIC

Due to METASTASIS TO THE PHARYNX

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy As Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature FC Bradley (M. D. or other) \_\_\_\_\_

Address BARNES HOSPITAL Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Guy W. Wilkins*

Licensed Embalmer No.

3575

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**